



# NAVAJO NATION BAND

## APPLICATION – FY 2022 MEMBERSHIP



Name (First, Middle, Last): \_\_\_\_\_

Agency Affiliation: \_\_\_\_\_ Chapter: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact (Name/Relationship/Phone): \_\_\_\_\_

NNB Status: ☐ Current / Returning – Year Joined: \_\_\_\_\_ ☐ New

Occupation: \_\_\_\_\_

If Student, High School or College/Major: \_\_\_\_\_

Position I am applying for:

☐ Musician

Primary Instrument: \_\_\_\_\_ Secondary Instrument: \_\_\_\_\_

Musical Experience: \_\_\_\_\_

☐ Auxiliary (NOTE: Available auxiliary positions are limited)

☐ Color Guard

☐ Banner Carrier

☐ Twirler

☐ Drum Major

### ACKNOWLEDGEMENT / CERTIFICATION

I certify, I am 16 years of age or older, and in good physical condition.

I acknowledge I have read and understand all the Navajo Nation Band related information provided to me and agree to abide by and comply with all requirements and conditions outlined in the NNB Contractual Agreement.

By signing below, I certify the information I have provided is correct and true. I understand that providing false information may result in termination of my NNB membership.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Required accompanying documents and forms to this application:

☐ [W-9 \(Rev. 10-2018\)](#)

☐ Certificate of Indian Blood (copy)

☐ FY2022 Navajo Nation Band Contractual Agreement

☐ FY2022 Navajo Nation Band Personal Health Confidentiality, if applicable

☐ FY2022 Parent/Guardian Permission, if applicable

☐ FY2022 High School Student Participation Acceptance Form, if applicable

FOR OFFICIAL USE ONLY:    ☐ W-9    ☐ CA    ☐ PHC    ☐ P/GP    ☐ HS PAF  
VERIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

AB#: \_\_\_\_\_